

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X

Mekinist (trametinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Mekinist (trametinib)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Mekinist (trametinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of Central Nervous System (CNS) Cancer (NCCN 2A); **AND**
- A. Individual is using in combination with dabrafenib for one of the following:
 1. Individual has a primary diagnosis of melanoma and disease has metastasized to the brain; **OR**
 2. Individual is using as adjuvant therapy for primary CNS cancer;

OR

- II. Individual has a diagnosis of unresectable or metastatic malignant Melanoma (Label, NCCN 1, 2A); **AND**
- A. Individual is using as monotherapy; **AND**
 1. Individual has not been previously treated with a BRAF inhibitor;

OR

- B. Individual is using in combination with dabrafenib; **AND**
- C. Individual has either BRAF V600E or V600K mutation (or BRAF V600 activating mutation), with test result confirmed;

OR

- III. Individual has a diagnosis of melanoma; **AND**
- A. Individual is using in combination with dabrafenib; **AND**
 - B. Individual is using as adjuvant treatment; **AND**
 - C. Individual has disease involvement of lymph node(s), following complete resection or wide excision; **AND**
 - D. Individual has either BRAF V600E or V600K mutation with test result confirmed;

OR

- IV. Individual has a diagnosis of metastatic Non-Small Cell Lung Cancer (NSCLC); **AND**
- A. Individual is using in combination with dabrafenib; **AND**

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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B. Individual has BRAF V600E mutation with test result confirmed;

OR

V. Individual has a diagnosis of locally advanced or metastatic anaplastic thyroid cancer (ATC); **AND**

- A. Individual is using in combination with dabrafenib; **AND**
- B. Individual has no satisfactory locoregional treatment options; **AND**
- C. Individual has BRAF V600E mutation with test result confirmed;

OR

VI. Individual has a diagnosis of metastatic or unresectable Uveal Melanoma (NCCN 2A); **AND**

- A. Individual is using as monotherapy.

Key References:

1. Brown NF, Carter T, Kitchen N, Mulholland P. Dabrafenib and trametinib in BRAFV600E mutated glioma. *CNS Oncol.* 2017;6(4):291-296. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6004887/pdf/cns-06-291.pdf>
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 7, 2020.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Gershenson DM, Miller A, et al. A randomized phase II/III study to assess the efficacy of trametinib in patients with recurrent or progressive low-grade serous ovarian or peritoneal cancer [abstract]. *Ann Oncol.* 2019;30 (suppl_5): abstr LBA61.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
7. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 7, 2020.
 - a. Central Nervous System Cancers. V2.2020. Revised April 30, 2020.
 - b. Cutaneous Melanoma. V3.2020. Revised May 18, 2020.
 - c. Non-Small Cell Lung Cancer. V6.2020. Revised June 15, 2020.
 - d. Thyroid Carcinoma. V1.2020. Revised June 12, 2020.
 - e. Uveal Melanoma. V1.2020. Revised May 21, 2020.
8. Marks AM, Bindra RS, DiLuna ML, et al. Response to the BRAF/MEK inhibitors dabrafenib/trametinib in an adolescent with a BRAF V600E mutated anaplastic ganglioglioma intolerant to vemurafenib. *Pediatr Blood Cancer.* 2018;65(5):e26969.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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